

UNITED STATES DISTRICT COURT
FOR THE
EASTERN DISTRICT OF PENNSYLVANIA

**ATTORNEY
COPY**

UNITED STATES OF AMERICA

Plaintiff

CIVIL NO. 02-CV-4854

vs.

KEITH L. BEEMAN
BOBBIE S. BEEMAN

Defendant(s)

FILED FEB 20 2003

CERTIFICATE OF SERVICE
PURSUANT TO Pa.R.C.P. 3129.2 (c) (2)

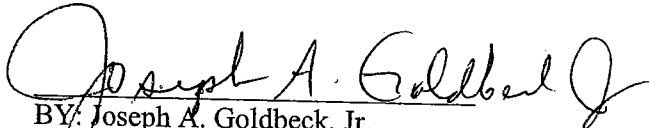
Joseph A. Goldbeck, Jr., Esquire, Attorney for Plaintiff, hereby certifies that service on the Defendants of the Notice of Sheriff Sale was made by:

- ☐ Personal Service by the Sheriff's Office/competent adult (copy of return attached).
 - ☒ Certified mail by Joseph A. Goldbeck, Jr. (original green Postal return receipt attached).
 - ☐ Certified mail by Sheriff's Office.
 - ☐ Ordinary mail by Joseph A. Goldbeck, Jr., Esquire to Attorney for Defendant(s) of record (proof of mailing attached).
 - ☐ Acknowledgment of Sheriff's Sale by Attorney for Defendant(s) (proof of acknowledgment attached).
 - ☐ Ordinary mail by Sheriff's Office to Attorney for Defendant(s) of record.
- IF SERVICE WAS ACCOMPLISHED BY COURT ORDER.**
- ☐ Premises was posted by Sheriff's Office/competent adult (copy of return attached).
 - ☐ Certified Mail & ordinary mail by Sheriff's Office (copy of return attached).
 - ☐ Certified Mail & ordinary mail by Joseph A. Goldbeck, Jr. (original receipt(s) for Certified Mail attached).

Pursuant to the Affidavit under Rule 3129 (copy attached), service on all lienholders (if any) has been made by ordinary mail by Joseph A. Goldbeck, Jr., Esquire (copies of proofs of mailing attached).

The undersigned understands that the statements herein are subject to the penalties provided by 18 P.S. Section 4904.

Respectfully submitted,


BY: Joseph A. Goldbeck, Jr.
Attorney for Plaintiff

TO: BEEMAN, KEITH L. (OH)
KEITH L. BEEMAN
 245 SOUTH HIGHLAND AVENUE
 BUCYRUS, OH 44820

SENDER: GOLDBECK MCCAFFERTY & MCKEEVER
 December 16, 2002

REFERENCE: BEEMAN, KEITH L. / USA-0140
 02/26/03 Lancaster

PS Form 3800, June 2000

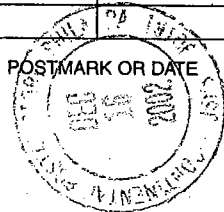
RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided
 Do Not Use for International Mail

POSTMARK OR DATE



TO: BEEMAN, KEITH L. (OH) #2
KEITH L. BEEMAN
 2115 SOUTH HIGHLAND AVENUE
 BUCYRUS, OH 44820

SENDER: GOLDBECK MCCAFFERTY & MCKEEVER
 December 16, 2002

REFERENCE: BEEMAN, KEITH L. / USA-0140
 02/26/03 Lancaster

PS Form 3800, June 2000

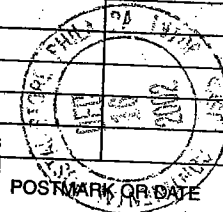
RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided
 Do Not Use for International Mail

POSTMARK OR DATE



7160 3901 9844 1076 3957

TO: BEEMAN, BOBBIE S. (OH)
BOBBIE S. BEEMAN
 245 SOUTH HIGHLAND AVENUE
 BUCYRUS, OH 44820

SENDER: GOLDBECK MCCAFFERTY & MCKEEVER
 December 16, 2002

REFERENCE: BEEMAN, KEITH L. / USA-0140
 02/26/03 Lancaster

PS Form 3800, June 2000

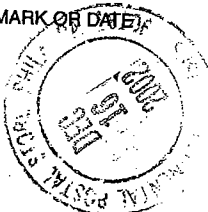
RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided
 Do Not Use for International Mail

POSTMARK OR DATE



7160 3901 9844 1076 3889

TO: BEEMAN, KEITH L. (TX)
KEITH L. BEEMAN
 682 F. Spring Branch Drive
 Krumb, TX 76249

SENDER: GOLDBECK MCCAFFERTY & MCKEEVER
 December 16, 2002

REFERENCE: BEEMAN, KEITH L. / USA-0140
 02/26/03 Lancaster

PS Form 3800, June 2000

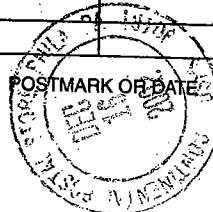
RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided
 Do Not Use for International Mail

POSTMARK OR DATE



7160 3901 9844 1076 3926

TO: BEEMAN, BOBBIE S. (OH) #2
BOBBIE S. BEEMAN
 2115 SOUTH HIGHLAND AVENUE
 BUCYRUS, OH 44820

SENDER: GOLDBECK MCCAFFERTY & MCKEEVER
 December 16, 2002

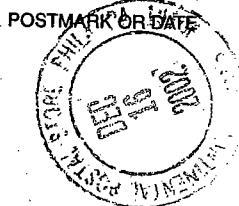
REFERENCE: BEEMAN, KEITH L. / USA-0140
 02/26/03 Lancaster

PS Form 3800, June 2000

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

US Postal Service
**Receipt for
 Certified Mail**

No Insurance Coverage Provided
 Do Not Use for International Mail



7160 3901 9844 1076 3919

TO: BEEMAN, BOBBIE S. (TX)
BOBBIE S. BEEMAN
 682 F. Spring Branch Drive
 Krumb, TX 76249

SENDER: GOLDBECK MCCAFFERTY & MCKEEVER
 December 16, 2002

REFERENCE: BEEMAN, KEITH L. / USA-0140
 02/26/03 Lancaster

PS Form 3800, June 2000

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

US Postal Service
**Receipt for
 Certified Mail**

No Insurance Coverage Provided
 Do Not Use for International Mail



GOLDBECK MCCAFFERTY & McKEEVER

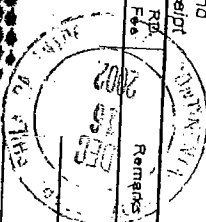
Suite 500 The Bourse Building
111 S. Independence Mall East
Philadelphia, Pennsylvania 19106

Line	Article Number	Addressee Name, Street, and PO Address	Check type of mail:			Return Receipt (RR) for Merchandise			If Registered Mail			Affix stamp here if issued as certificate of mailing, or for additional copies of this bill.		
			Express	Registered	Insured	Del. Confirmation (DC)	Insured	Not Insured	Postmark and Date of Receipt	Remarks				
1														
2		PA DEPARTMENT OF PUBLIC WELFARE Bureau of Child Support Enforcement P.O. Box 2675 Harrisburg, PA 17105-2675												
3		DOMESTIC RELATIONS OF LANCASTER COUNTY 40 East King Street PO Box 83479 Lancaster, PA 17608												
4		OCCUPANTS/TENANTS 687 N. Line Street Elizabethtown, PA 17022												
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
Total Number of Pieces Listed by Sender			Total Number of Pieces Received at Post Office			Postmaster, Per (Name of receiving employee)			The full declaration of value is required on all domestic and international registered mail. The maximum indemnity payable for the reconstruction of nonnegotiable documents under Express Mail (document reconstruction insurance) is \$50,000 per piece subject to a limit of \$500,000 per occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable on Registered Mail, sent with optional postal insurance, See Domestic Mail Manual R300, 3913, and 3921 for limitations of coverage on insured and COD mail. See International Mail Manual for limitations of coverage on international mail. Special handling charges apply only to Standard Mail (M) and Standard Mail (E) parcels.					

PS Form 3877, April 1999

Complete by Typewriter, Ink, or Ball Point Pen

1242 U.S. POSTAGE PB2211915
9448 \$02.70 DEC 16 02
7179 MAILED FROM ZIP CODE 19106



Brennan

LSA

GOLDBECK MCCAFFERTY & McKEEVER

Name and Address of Sender
Suite 500 The Bourse Building
111 S. Independence Mall East
Philadelphia, Pennsylvania 19106

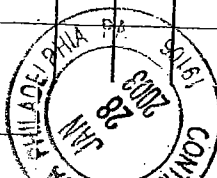
Check type of mail:
☐ Express
☐ Registered
☐ Insured
☐ COD
☐ Return Receipt (RR) for Merchandise
☐ Certified
☐ Init. Rec. Del.
☐ Del. Confirmation (DC)

If Registered Mail
 check below:
☐ Insured
☐ Not Insured
 Affix stamp here if issued as certificate of mailing, or for additional copies of this bill.
Postmark and Date of Receipt

Line	Article Number	Addressee Name, Street, and PO Address	Postage	Fee	Handling Charge	Actual Value (If Reg.)	Insured Value	Due Sender If COD	RR Fee	DC Fee	SC Fee	SH Fee	SD Fee	RD Fee	Remarks
1															
2															
3		ELIZABETHTOWN BOROUGH 600 S. Hanover Street Elizabethtown, PA 17022													
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
Total Number of Pieces Listed by Sender		Total Number of Pieces Received at Post Office	Postmaster, Per (Name of receiving employee)		The full declaration of value is required on all domestic and international registered mail. The maximum indemnity payable for the reconstruction of nonnegotiable documents under Express Mail document reconstruction insurance is \$50,000 per piece subject to a limit of \$500,000 per occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for registered mail, sent with optional postal insurance. See Manual for limitations of coverage on insured and COD mail. See International Mail Manual for limitations of coverage on international mail. Special handling charges apply only to Standard Mail (A) and Standard Mail (B) parcels.										

PS Form 3817, April 1999

Complete by Typewriter, Ink, or Ball Point Pen



U.S. POSTAGE
 \$12
 \$00.90
 JAN 28 03
 MAILED FROM ZIP CODE 19106

Beemer

USA



7160 3901 9244 1076 3896

3 Service Type **CERTIFIED MAIL**

4 Restricted Delivery? (Extra Fee) ☐ Yes

Article Addressed to:

BEEMAN, KEITH L. (OH)

KEITH L. BEEMAN

245 SOUTH HIGHLAND AVENUE

BUCYRUS, OH 44820

GOLDBECK MCCAFFERTY & MCKEEVER
BEEMAN, KEITH L. / USA-0140 02 / 26 / 03 Lancaster

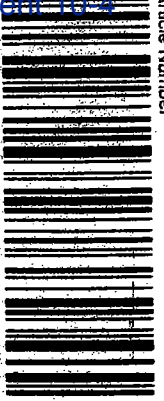
Form 3811, July 2001

Domestic Return Receipt

A. Received by (Please Print Clearly)	B. Date of Delivery
KEVIN BEEMAN	12-18-02
C. Signature	
X <i>Kevin Beeman</i>	<input type="checkbox"/> Agent
	<input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
KEVIN BEEMAN	12-18-02
C. Signature	<input type="checkbox"/> Agent
X <i>Kevin Beeman</i>	<input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No



7160 3901 9244 1076 3957

3 Service Type **CERTIFIED MAIL**

4 Restricted Delivery? (Extra Fee) ☐ Yes

Article Addressed to:

BEEMAN, BOBBIE S. (OH)

BOBBIE S. BEEMAN

245 SOUTH HIGHLAND AVENUE

BUCYRUS, OH 44820

GOLDBECK MCCAFFERTY & MCKEEVER
BEEMAN, KEITH L. / USA-0140 02 / 26 / 03 Lancaster

Form 3811, July 2001

Domestic Return Receipt

UNITED STATES DISTRICT COURT
FOR THE
EASTERN DISTRICT OF PENNSYLVANIA

UNITED STATES OF AMERICA

Plaintiff

CIVIL NO. 02-CV-4854

vs.

KEITH L. BEEMAN
BOBBIE S. BEEMAN

Defendants

AFFIDAVIT PURSUANT TO RULE 3129

THE UNITED STATES OF AMERICA, Plaintiff in the above action, by its attorney, Joseph A. Goldbeck, Jr., Esquire, sets forth as of the date the praecipe for the writ of execution was filed the following information concerning the real property located at:

687 N. Lime Street
Elizabethtown, PA 17022

1. Name and address of Owners or Reputed Owners:

KEITH L. BEEMAN
687 NORTH LIME STREET
ELIZABETHTOWN, PA 17022

BOBBIE S. BEEMAN
687 NORTH LIME STREET
ELIZABETHTOWN, PA 17022

2. Name and address of Defendants in the judgment:

KEITH L. BEEMAN
687 NORTH LIME STREET
ELIZABETHTOWN, PA 17022

BOBBIE S. BEEMAN
687 NORTH LIME STREET
ELIZABETHTOWN, PA 17022

3. Name and last known address of every judgment creditor whose judgment is a record lien on the property to be sold:

PA DEPARTMENT OF PUBLIC WELFARE
Bureau of Child Support Enforcement
Health and Welfare Bldg. - Room 432
P.O. Box 2675
Harrisburg, PA 17105-2675

DOMESTIC RELATIONS OF LANCASTER COUNTY
40 East King Street
PO Box 83479
Lancaster, PA 17608

ELIZABETHTOWN BOROUGH
600 S. Hanover Street
Elizabethtown, PA 17022

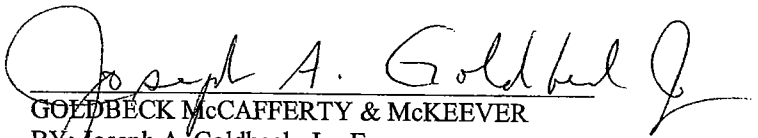
4. Name and address of the last recorded holder of every mortgage of record:
5. Name and address of every other person who has any record interest in or record lien on the property and whose interest may be affected by the sale:
6. Name and address of every other person of whom the plaintiff has knowledge who has any record interest in the property which may be affected by the sale.
7. Name and address of every other person of whom the plaintiff has knowledge who has any interest in the property which may be affected by the sale.

OCCUPANTS/TENANTS
687 N. Lime Street
Elizabethtown, PA 17022

(attach separate sheet if more space is needed)

I verify that the statements made in this affidavit are true and correct to the best of my personal knowledge or information and belief. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

DATED: January 28, 2003


GOLDBECK McCAFFERTY & McKEEVER
BY: Joseph A. Goldbeck, Jr., Esq.
Attorney for Plaintiff

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF THE UNITED STATES OF AMERICA COURT CASE NUMBER 02-01-4854
DEFENDANT KEITH L. BEEMAN; BOBBIE S. BEEMAN TYPE OF PROCESS NOTICE OF US MARSHAL SALE
SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
KEITH L. BEEMAN & BOBBIE S. BEEMAN
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
687 N. LIME STREET, ELLIZABETHTOWN, PA 17022

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:
GOLDBECK McCAFFERTY & McKEEVER
Suite 500 The Bourse Building
111 S. Independence Mall East
Philadelphia, Pennsylvania 19106
Number of process to be served with this Form - 285
Number of parties to be served in this case
Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
PLEASE POST HANDOUT

Signature of Attorney or other Originator requesting service on behalf of: [Signature] ☒ PLAINTIFF ☐ DEFENDANT TELEPHONE NUMBER 715-637-1322 DATE 12-16-02

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin <u>66</u> No.	District to Serve <u>66</u> No.	Signature of Authorized USMS Deputy or Clerk <u>[Signature]</u>	Date <u>12-18-02</u>
--	---------------------------	--	---------------------------------------	--	-------------------------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service <u>1-16-03</u> Time <u>205</u> <u>pm</u>
	Signature of U.S. Marshal or Deputy <u>[Signature]</u>

Service Fee	Total Mileage Charges (including endeavors) <u>61.92</u>	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or <u>61.92</u>	Amount of Refund
-------------	---	----------------	---------------	------------------	--	------------------

REMARKS:
Postcard Property @ 11001 Ave - occupied
RT. 172 11001 Ave - 61
LAST MAP 12 B-8

NOTE

PRIOR EDITIONS
MAY BE USED

3. NOTICE OF SERVICE

FORM USM-285 (Rev. 12/15/80)